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INFORMATIONAL LETTER #93-6

DATE: February 19, 1993
TO: ALL SKILLED NURSING FACILITIES
FROM: Jean Schoonover, R.N., Chief
Bureau of Facility Standards
SUBJECT: Antidepressant Medication

Recently some of the surveyors attended basic surveyor training in Baltimore. They returned with a clarification regarding antidepressant medication.

The following was expressed by the Health Care Financing Agency (HCFA):

1. Depression in the elderly population is generally under treated nationwide.
2. The regulations and interpretive guide relating to Unnecessary Drugs, F342-F347, do not include any directions for trial dosage reductions for antidepressant medications.
3. Trial dosage reductions are required for hypnotics, sedatives, anxiolytics, and antipsychotics (F342-F349).
4. Facilities should not reduce antidepressant medications in their attempt to meet the OBRA requirements.

Residents with depression should also have this problem addressed on their care plan, with behavioral approaches as well as the medication. The behavioral approaches need to be individualized to the resident's particular situation. Social services is responsible for this (F257).

Some common medications in the antidepressant category include:

- Elavil (amitriptylene)
- Asendin (amoxapine)
- Norpramin (desipramine)
- Sinequan, Adapin (doxepin)
- Prozac (fluoxetine)
- Tofranil (imipramine)
- Ludiomil (maprotiline)
- Aventyl, Pamelor (nortriptyline)
- Desyrel (trazodone)
- Surmontil (trimipramine)

Limbitrol is a combination of an antidepressant (amitriptylene) and an antianxiety agent (Chlordiazepoxide). Therefore, the resident should have trial dosage reductions as described in the interpretive guideline at F342, under LONG-ACTING BENZODIAZEPINES.

Etrafon and Triavil are both a combination of an antidepressant (amitriptylene) and an antipsychotics in the interpretive guideline at F349.

Jean Schoonover, R.N., Chief
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cc: John Hathaway, Supervisor, Long Term Care Section
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